

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

05/06/2004

OLSON & HIERL, LTD.  
 36th Floor  
 20 North Wacker Drive  
 Chicago, IL 60606



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Arne M. Olson

(Depositor's name)

(Signature)

May 26, 2004

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|---------------------|------------------|
| 09/972,812      | 10/05/2001  | Thomas Clement Barthel | CMS-012             | 6757             |

TITLE OF INVENTION: ENDOSCOPE WITH FLEXIBLE LIGHT GUIDE HAVING OFFSET DISTAL END

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665     | \$300           | \$965            | 08/06/2004 |

| EXAMINER                 | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| FLANAGAN, BEVERLY MEINDL | 3739     | 600-139000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Olson &amp; Hierl, Ltd.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Clarus Medical, LLC

Minneapolis, Minnesota USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0508 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

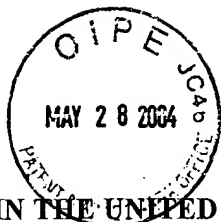
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

MELLON JUN 01 2004  
05



CMS-012

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Thomas Clement Barthel, et al. ) Allowed: May 6, 2004  
Serial No.: 09/972,812 ) Confirmation No. 6757  
Filed: October 5, 2001 ) Examiner: Beverly Meindl Flanagan  
For: ENDOSCOPE WITH FLEXIBLE ) Art Unit: 3739  
LIGHT GUIDE HAVING OFFSET )  
DISTAL END )

COMMUNICATION

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

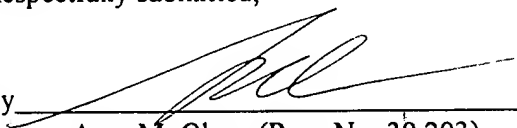
Dear Sir:

Enclosed for filing in this application are:

- 1) Issue Fee Transmittal form (in duplicate);
- 5) Check No. 25739 in the amount of \$965.00 for the Issue Fee; and
- 6) Self-addressed, stamped postcard

Respectfully submitted,

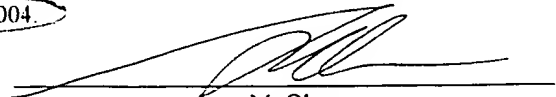
Date: May 26, 2004

By   
Arne M. Olson (Reg. No. 30,203)

OLSON & HIERL, LTD.  
20 North Wacker Drive  
36th Floor  
Chicago, Illinois 60606  
(312) 580-1180  
Attorneys for Applicant

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 26, 2004.

  
Arne M. Olson



Melion  
Bank

06-02-04 0371611 1611006 2 005 25

THE FACE OF THIS CHECK IS PRINTED ON THE BACK OF THE CHECK CONTAINING A SECURITY WATERMARK

OLSON & HIEBL LTD.  
20 N. WACKER DR., 36TH FLOOR  
CHICAGO, IL 60608  
(312) 580-1180

BANYS ONE  
Bank One N.A.  
Chicago, Illinois  
www.bankone.com  
2-17-10

No. 025739  
CHECK NO.

05/20/04

PAY TO THE  
ORDER OF

Commissioner for Patents

FIVE HUNDRED SIXTY-FIVE AND 00/100 Dollar

\$ 965.00

DOLLARS

Commissioner for Patents  
Mail Stop Issue Fee  
PO Box 1450  
Alexandria, VA 22313-1450

*Quintus*



⑈025739⑈ ⑈071000013⑈ 001622099⑈

⑈00000096500⑈